

Dr. David Raque
11-B Lenox Pointe NE
Atlanta, Georgia 30324

RELEASE OF INFORMATION FORMS

Date: _____

I, _____, hereby authorize,

to release my records, and/or to speak with Dr. David Raque about my previous treatment
and/or evaluation of me. Dr. Raque's phone number is 404-233-0660.

Date: _____

Signature of patient

Witness

Release of Information from Dr. David Raque to:

I, _____, hereby release Dr. David Raque to
speak with or send a summary of his treatment with me to:

_____.

Date: _____

Signature of patient

Witness